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- 426.478 Retiring or revising an LCD during the Board's review of an ALJ's decision.
- 426.480 Withdrawing an appeal of an ALJ's decision.
- 426.482  $\,$  Issuance and notification of a Board decision.
- 426.484 Mandatory provisions of a Board decision.
- 426.486 Prohibited provisions of a Board decision.
- 426.487 Board's record on appeal of an ALJ's decision.
- 426.488 Effect of a Board decision.
- 426.489 Board remands.
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### Subpart E—Review of an NCD

- 426.500 Procedure for filing an acceptable complaint concerning a provision (or provisions) of an NCD.
- 426.503 Submitting new evidence once an acceptable complaint is filed.
- 426.505 Authority of the Board.
- 426.506 Ex parte contacts.
- 426.510 Docketing and evaluating the acceptability of NCD complaints.
- 426.513 Participation as amicus curiae.
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- 426.516 Role of Medicare Managed Care Organizations (MCOs) and State agencies in the NCD review process.
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- 426.518 NCD record furnished to the aggrieved party.
- 426.519 NCD record furnished to the Board.
- 426.520 Withdrawing an NCD under review or issuing a revised or reconsidered NCD.
- 426.523 With drawing a complaint regarding an NCD under review.
- 426.525 NCD review.
- 426.531 Board's review of the NCD to apply the reasonableness standard.
- 426.532 Discovery.
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- 426.544 Dismissals for cause.
- 426.545 Witness fees.
- 426.546 Record of hearing.
- 426.547 Issuance, notification, and posting of a Board's decision.
- 426.550 Mandatory provisions of the Board's decision.
- 426.555 Prohibited provisions of the Board's decision.
- 426.557 Optional provisions of the Board's decision.
- 426.560 Effect of the Board's decision.
- 426.562 Notice of the Board's decision.
- 426.563 Future new or revised or reconsidered NCDs.
- 426.565 Board's role in making an LCD or NCD review record available.
- 426.566 Board decision.

426.587 Record for appeal of a Board NCD decision.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh)

Source: 68 FR 63716, Nov. 7, 2003, unless otherwise noted.

# **Subpart A—General Provisions**

### § 426.100 Basis and scope.

- (a) *Basis*. This part implements sections 1869(f)(1) and (f)(2) of the Act, which provide for the review of LCDs, NCDs, and certain determinations that are deemed to be NCDs by statute.
- (b) *Scope*. This subpart establishes the requirements and procedures for the review of LCDs and NCDs.

## § 426.110 Definitions.

For the purposes of this part, the following definitions apply:

Aggrieved party means a Medicare beneficiary, or the estate of a Medicare beneficiary. who—

- (1) Is entitled to benefits under Part A, enrolled under Part B, or both (including an individual enrolled in feefor-service Medicare, in a Medicare+Choice plan, or in another Medicare managed care plan);
- (2) Is in need of coverage for a service that is denied based on an applicable LCD (in the relevant jurisdiction) or an NCD, regardless of whether the service was received; and
- (3) Has obtained documentation of the need by the beneficiary's treating physician.

Board means the Departmental Appeals Board.

Clinical and scientific experts mean experts that are consulted by the ALJ or Board as independent and impartial individuals, with significant experience and/or published work, pertaining to the subject of the review.

Contractor means a carrier (including a Durable Medical Equipment Regional Carrier), or a fiscal intermediary (including a Regional Home Health Intermediary) that has jurisdiction for the LCD at issue.

Deemed NCD means a determination that the Secretary makes, in response to a request for an NCD under section 1869(f)(4)(B) and (C) of the Act, that no